

Londonderry Trailways Membership Application

Name _____

Street _____

Town, State, Zip _____

E-mail address _____

Phone number _____

Choose a membership level:

- Benefactor \$ 500
- Supporting Member \$ 100
- Individual/Family \$ 20
- Student \$ 10
- Additional Donation \$ _____

Total enclosed: \$ _____

Payment: Please send check to: **Londonderry Trailways**
PO Box 389
Londonderry, NH 03053

Choose a newsletter format:

- I would like to receive my copy of the club newsletter electronically, by e-mail
- I would like to receive my copy of the club newsletter on paper, by US post.

List any areas of special interest, or special skills:

- I would like to donate my professional services to Londonderry Trailways.
My occupation is: _____
- I want to be notified of Trail Days, to build and maintain our network of trails

I am interested in helping out in the following areas:

- Newsletter
- Fund raising
- Grant writing
- Membership
- Website design
- Old Home Days
- Other: _____
- Call me! I want to become involved in some way.
- I can not be active at this time, but I still want to support the club's efforts.